Caser complete this section TFM	DECMPLETE THIS SECTION ON DELIVERY 2007 Page 1 of 1
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  Print your name and address on the reverse so that we can return the card to you.  Attach this card to the back of the mailpiece, or on the front if space permits.  Lilling Lilling Captain Barrett Kilby Correctional Facility P.O. Box 150 Mt. Meigs, AL 36057	A. Signature    Agent   Addressee     B. Received by (Printed Name)   C. Date of Delivery     Bruce   Vermit   1/-13-07     ry address different from item 1?   Yes     anter delivery address below:   No     No     Type   Certified Mail   Express Mail     Registered   Fleturn Receipt for Merchandise     Insured Mail   C.O.D.     Restricted Delivery? (Extra Fee)   Yes
2. Article Number (Transfer from service label) 7005	2760 0005 4873 0621
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540